

PRINTED: 10/11/2012  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN0703</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND VILLAGE CARE AND REHABIL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>136 DAVIS LANE LAFOLLETTE, TN 37766</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the plumbing system was maintained. The findings include: Observation and interview with the Maintenance Director on October 8, 2012 at 3:30 p.m confirmed the hot water heater in the sprinkler riser room had its relief valve threaded joint leaking.</p>	N 831	<p>1. The leak in the hot water heater in the sprinkler riser room was repaired by the Maintenance Director on 10/16/12.</p> <p>2. An audit of the hot water heaters in the facility was conducted by the Maintenance Director on 10/19/12. There were no additional leaks found.</p> <p>3. The Administrator conducted re-education with maintenance staff ensuring that the water heaters remain leak free on 10/19/12.</p> <p>4. The Maintenance Director or designee will complete an audit of the water heaters weekly for four weeks and monthly for two months to ensure compliance is achieved and sustained. The Administrator or designee will review and analyze the results of the water heater audit during the monthly Performance Improvement Committee for three months to ensure compliance is achieved and sustained. Subsequent plans of correction will be implemented as necessary.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

10/26/12

6999

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If continuation sheet 1 of 1